



Tennessee COVID-19 Long Term Care Task Force
January 26, 2021
10:00 AM – 12:00 NOON CST

Agenda

Time	Activity	Facilitator
10:00 -10:20 a.m.	Welcome Update: CMS Visitation Guidance	Brent Culberson, TN Dept of Health Sally Pitt, TN Dept of Health
10:20 -10:30 a.m.	Communication Subcommittee	Dr. Kristi Wick, UT-Chattanooga Chelsea Ridley, TN Dept of Health
10:30 -11:00 a.m.	COVID-19 Data and Vaccines	Dr. Mary- Margaret Fill, TN Dept of Health
11:00 -11:10 a.m.	Transitions of Care Subcommittee	Rhonda Dickman, TN Hospital Association Shaquallah Shanks, TN Dept of Health
11:10 - 11:25 a.m.	Visitation Subcommittee	Shaquallah Shanks, TN Dept of Health Dr. Kiffany Peggs, United HealthCare
11:25- 11:35 a.m.	Staffing Subcommittee	Dr. Kristi Wick, UT- Chattanooga
11:35-11:55 a.m.	Mental Health Subcommittee	Janice Wade-Whitehead, Alzheimer's TN Heather Gundersen, TN Dept of Mental Health and Substance Abuse
11:55 a.m.-12:00 Noon	Closing Remarks	Brent Culberson, TN Dept of Health



Communication Committee

Communication Subcommittee



COMMUNICATION

Communication Subcommittee

[TN COVID-19 Long-Term Care Taskforce Link](#)

COVID-19 Resources



COVID-19 Data & Testing Sites



Long-term Care Facility Resources

Frequently Asked Questions

Family & Resident Resources

Partner Resources

Communication Subcommittee



Department of
Health

[Listserv Link](#)

Tennessee COVID-19 LTC Task Force Listserv

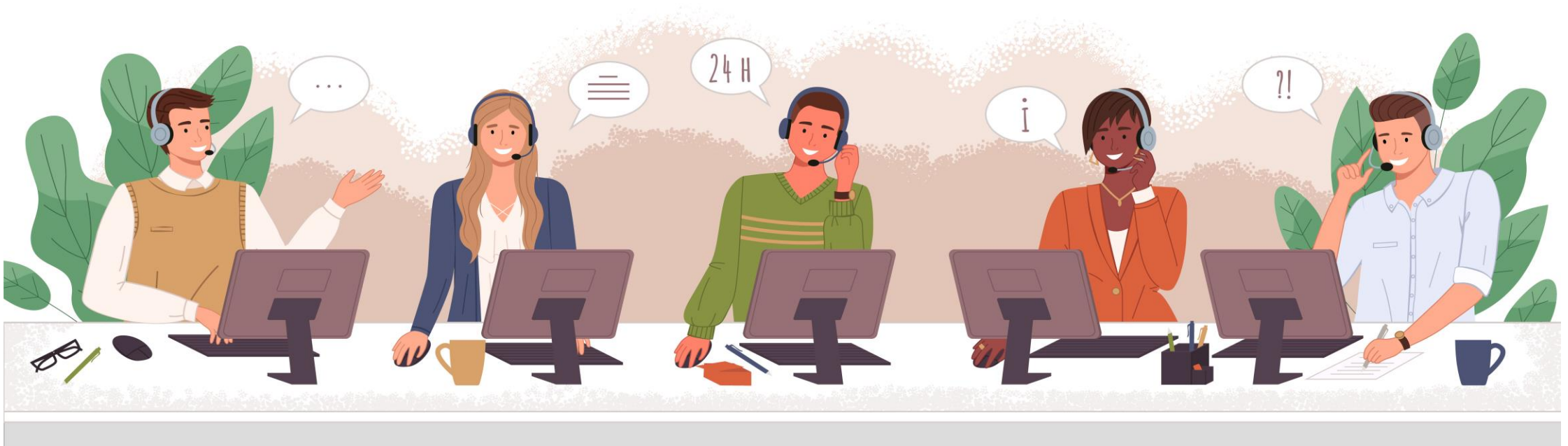
In September 2020, Governor Bill Lee's Unified Command Group announced the development of the [Tennessee COVID-19 Long-Term Care Task Force](#). This task force is charged with developing and implementing new policy solutions to address immediate and future issues impacting long-term care facilities and residents during the COVID-19 pandemic. [Click here](#) to view taskforce members.

Taskforce members are dedicated to ensuring that residents, family members, friends, front line staff, and facilities receive accurate and timely information as it relates to COVID-19. If you are interested in receiving regular updates from the Tennessee COVID-19 Long-Term Care Task force, please provide your information below.

Please note, this information will not be utilized for purposes other than communicating information during the COVID-19 pandemic and will not be shared with anyone other than those communicating on behalf of the committee, or as required by law. **By completing this form, you are agreeing to receive email communication from the Tennessee Department of Health on behalf of the Tennessee COVID-19 Long-Term Care Taskforce.**

Communication Subcommittee

Long-Term Care Questions: 1 (877) 857-2945



Charge for the COVID-19 LTC Task Force

Purpose

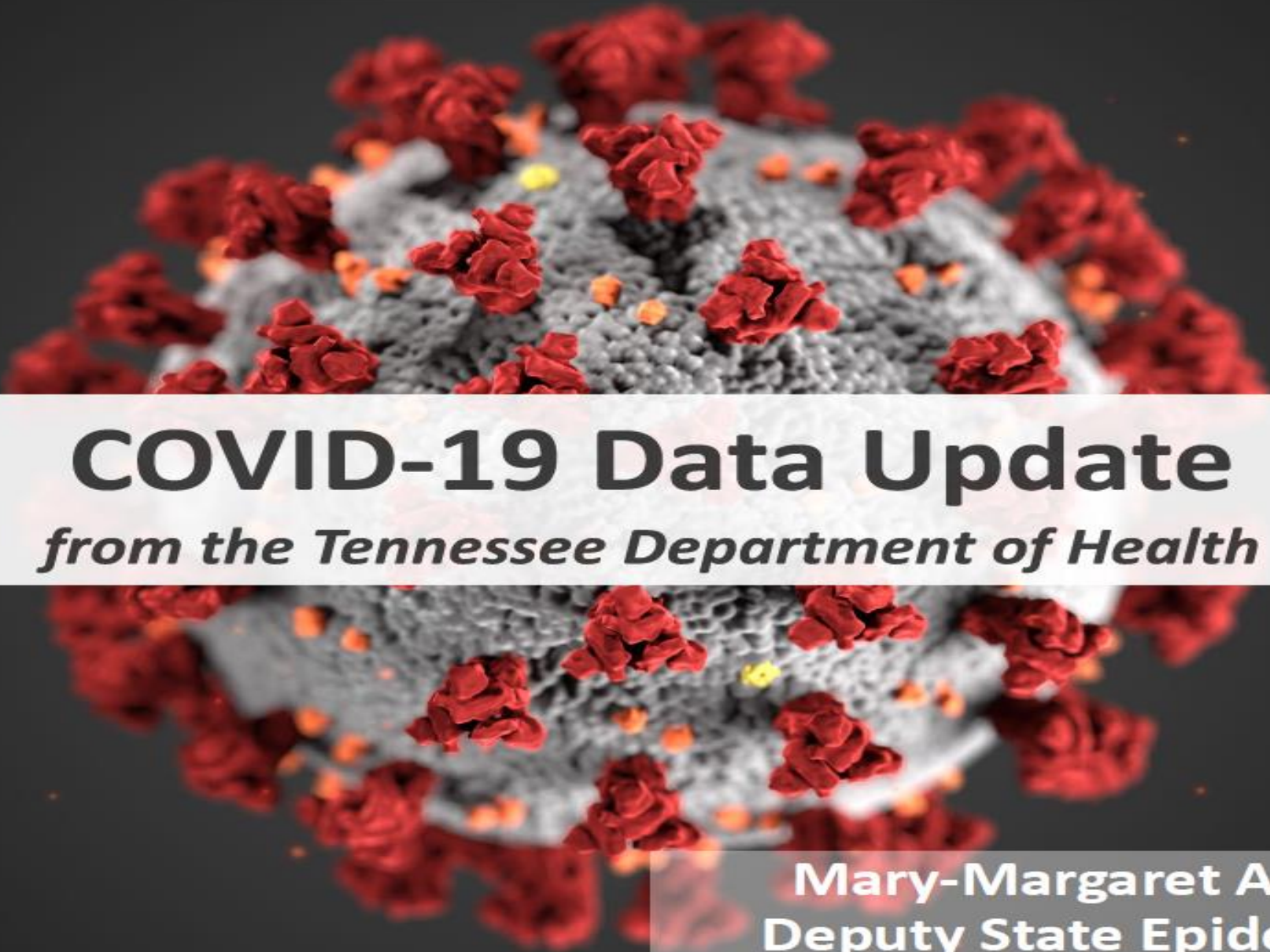
Engage state, local and community stakeholders and state government to establish a formal structure for collaboration in the conceptualization and implementation of policies and strategies to minimize the spread and impact of COVID-19 in long term care facilities and health care systems.

Objectives

- 1) Monitor the safety and effectiveness of the expanded visitation and activity guidelines and refine them, as necessary.
- 2) Identify emerging issues to create visibility and focus on key priorities across the long-term care system.



Data and Vaccines



COVID-19 Data Update

from the Tennessee Department of Health

TN

Mary-Margaret A. Fill, MD
Deputy State Epidemiologist
Tennessee Department of Health
February 26, 2020

Proposed State or Regional Gating Criteria

(Satisfy Before Proceeding to Phased Opening)

SYMPTOMS

Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period

AND

Downward trajectory of COVID-like syndromic cases reported within a 14-day period

CASES

Downward trajectory of documented cases within a 14-day period

OR

Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)

HOSPITALS

Treat all patients without crisis care

AND

Robust testing program in place for at-risk healthcare workers, including emerging antibody testing

Syndromic Surveillance

- **Emergency department data**
 - Chief complaints
 - Discharge diagnoses
- **Deidentified**
- **Received within 24h of patient encounter**
- **Reported from 99 hospitals across TN**
- **Syndromes**
 - **Influenza-like illnesses (ILI)** is defined by terms, free text, or discharge diagnoses that are likely to be related to illness caused by seasonal influenza. The visits counted within these criteria will contain a percentage illnesses caused by conditions other than influenza infection. These results should be considered preliminary in nature and are not all confirmed diagnoses of disease.
 - **COVID-like illnesses (CLI):** is defined as symptom terms, free text, or discharge diagnoses specified by CDC that are likely to be related to illness caused by the 2019 novel Coronavirus. The visits counted within these criteria will contain a percentage illnesses caused by conditions other than novel coronavirus infection. The visits counted within these criteria will contain a percentage illnesses caused by conditions other than novel corona virus infection. These results should be considered preliminary in nature and are not all confirmed diagnoses of disease.

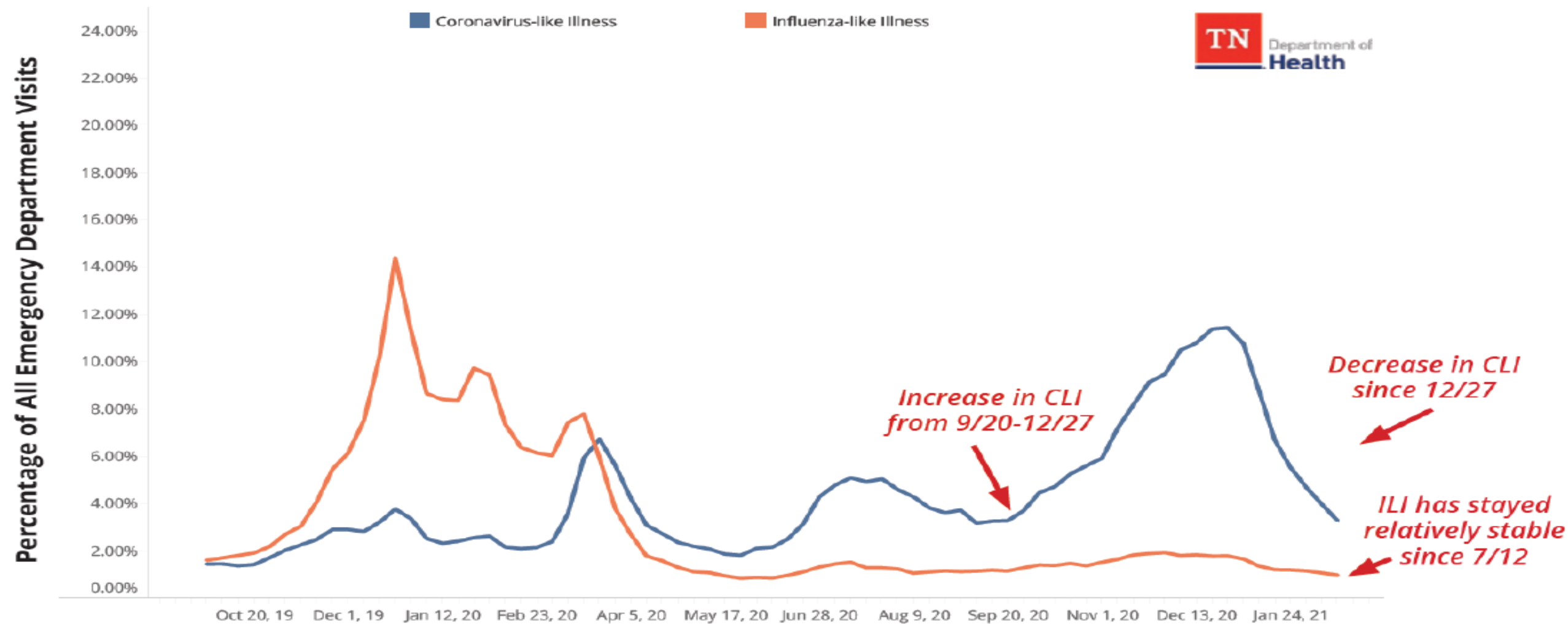
SYMPTOMS

Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period

AND

Downward trajectory of COVID-like syndromic cases reported within a 14-day period

Syndromic Surveillance



Case Counts (Weekly)

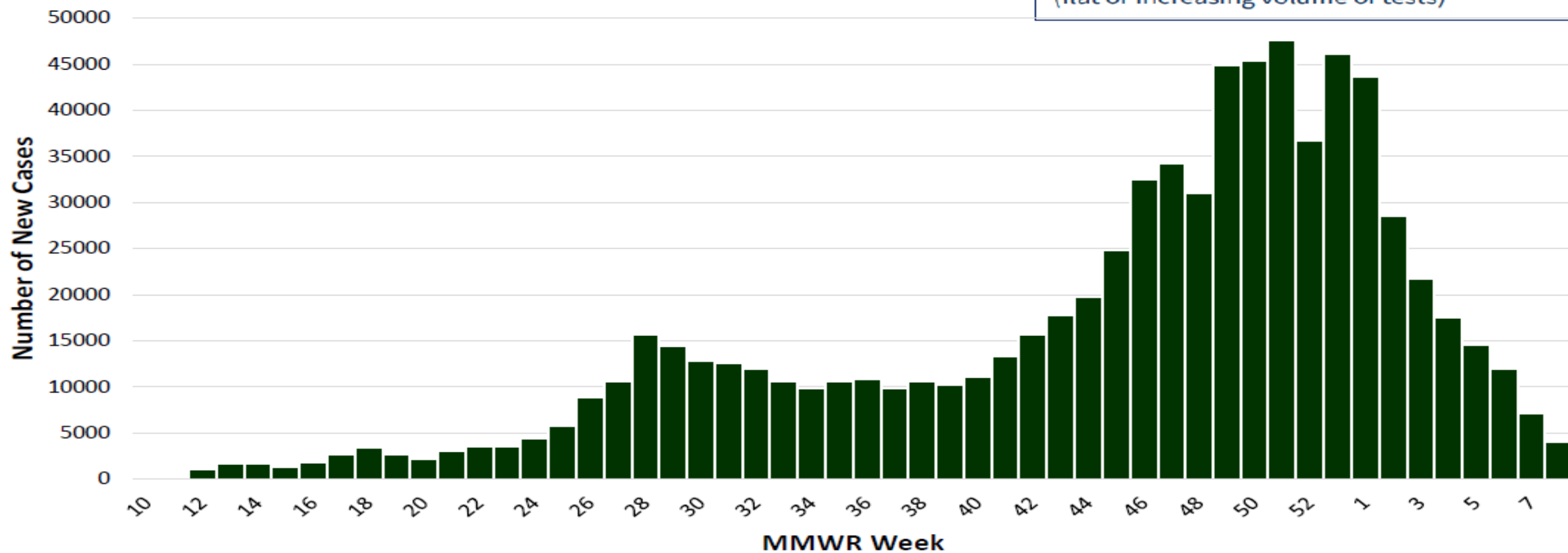
By Specimen Collection Date

CASES

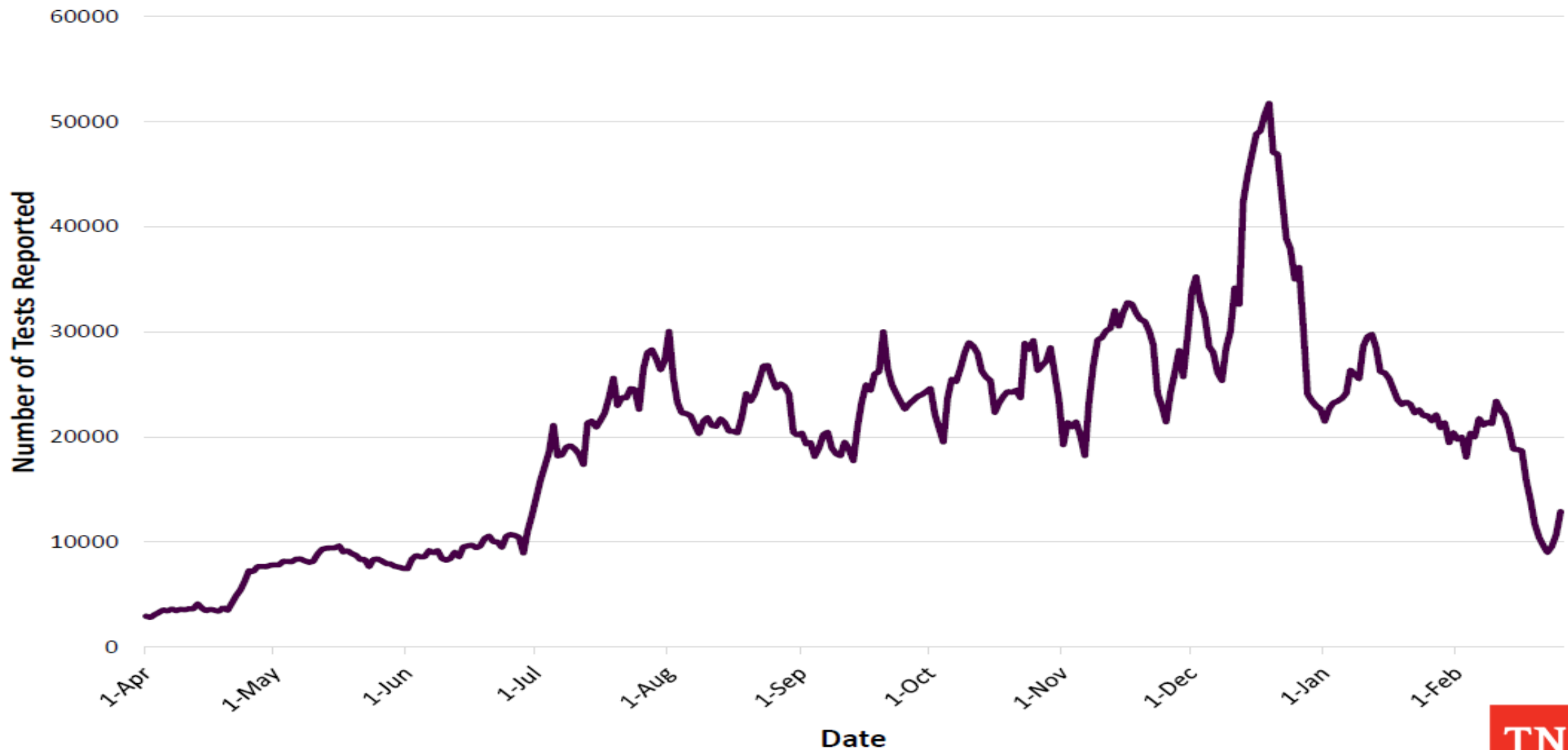
Downward trajectory of documented cases within a 14-day period

OR

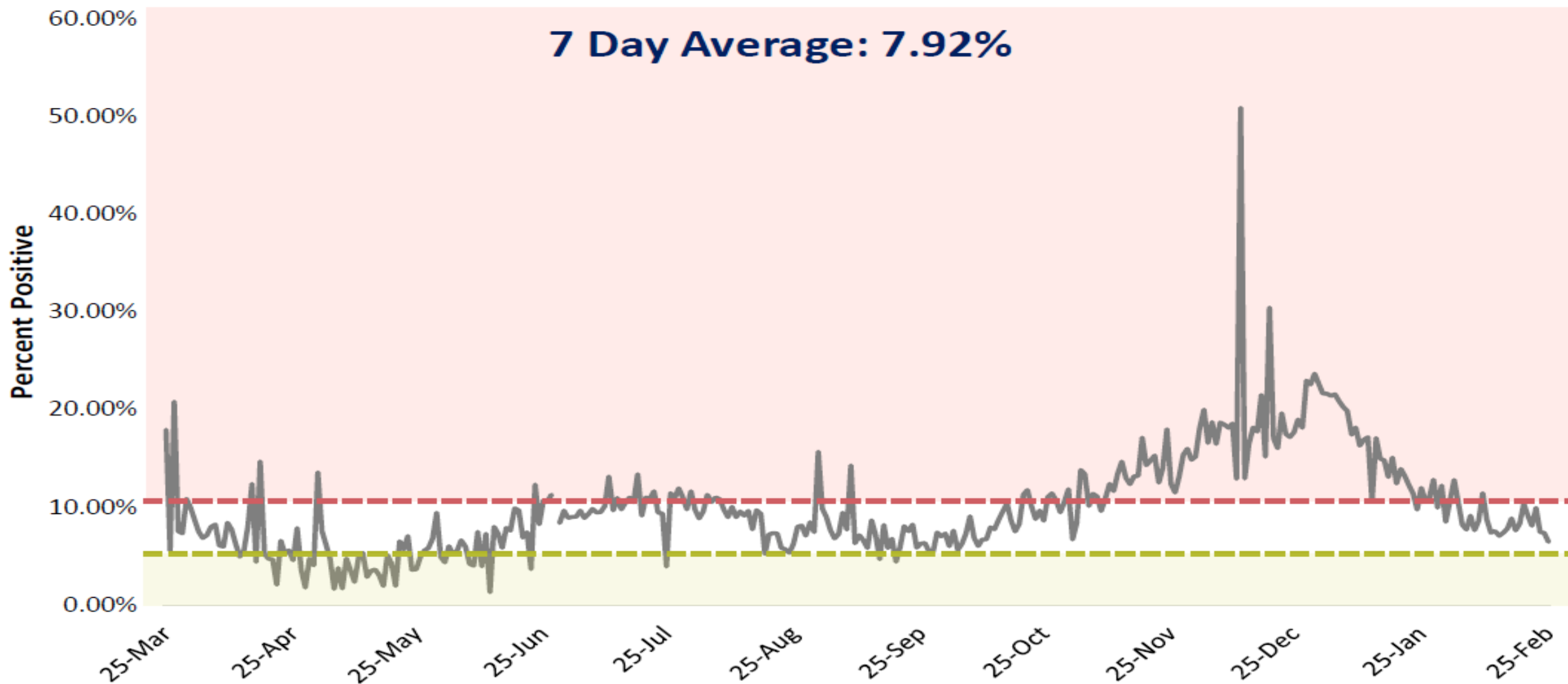
Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)



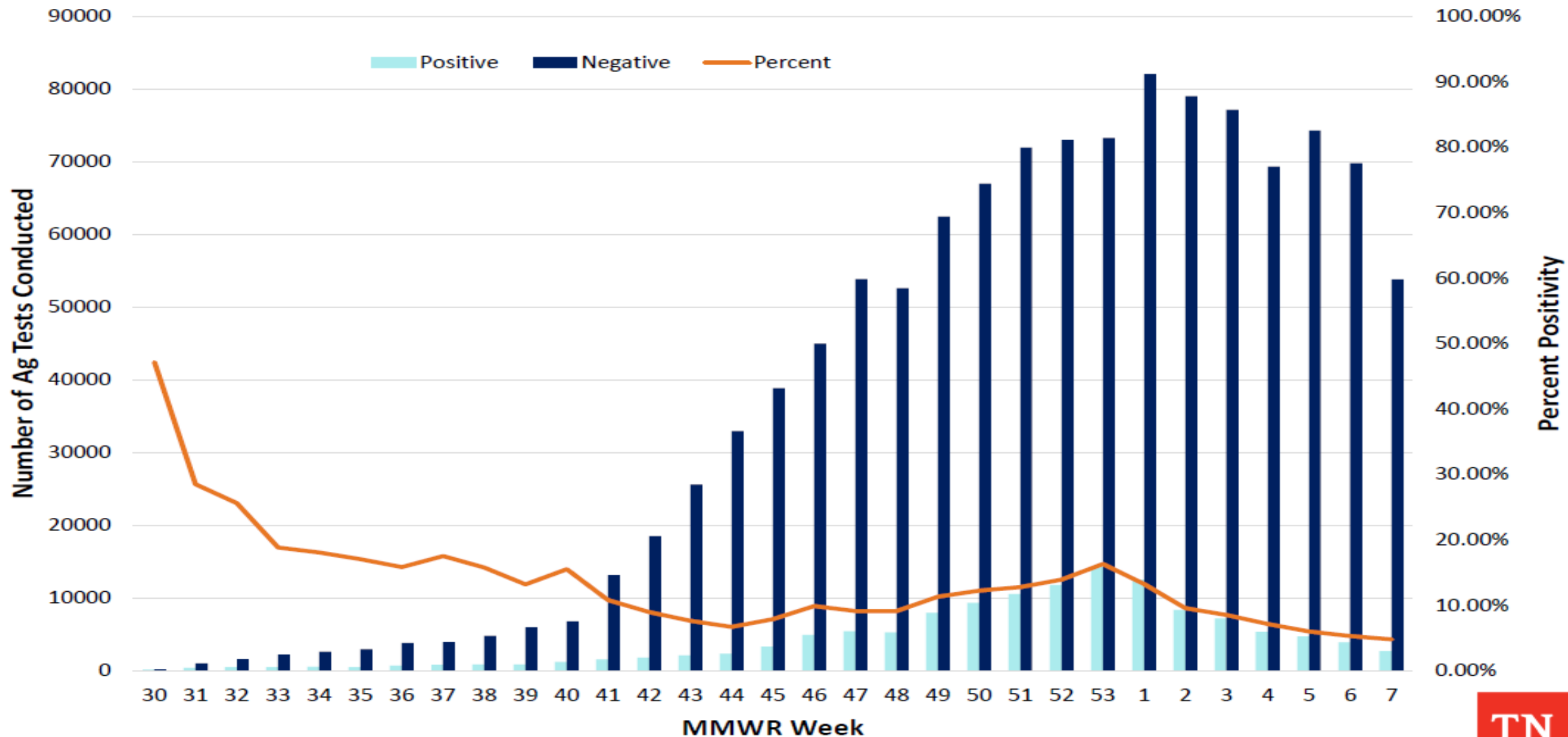
7d Average of New PCR Tests (n=6,735,104)



PCR Test Percent Positivity



Antigen Testing Data (n=1,329,487)



Deaths (n=11,321)

Case Fatality
Rate:

1.5 %

(11,266/768,946)

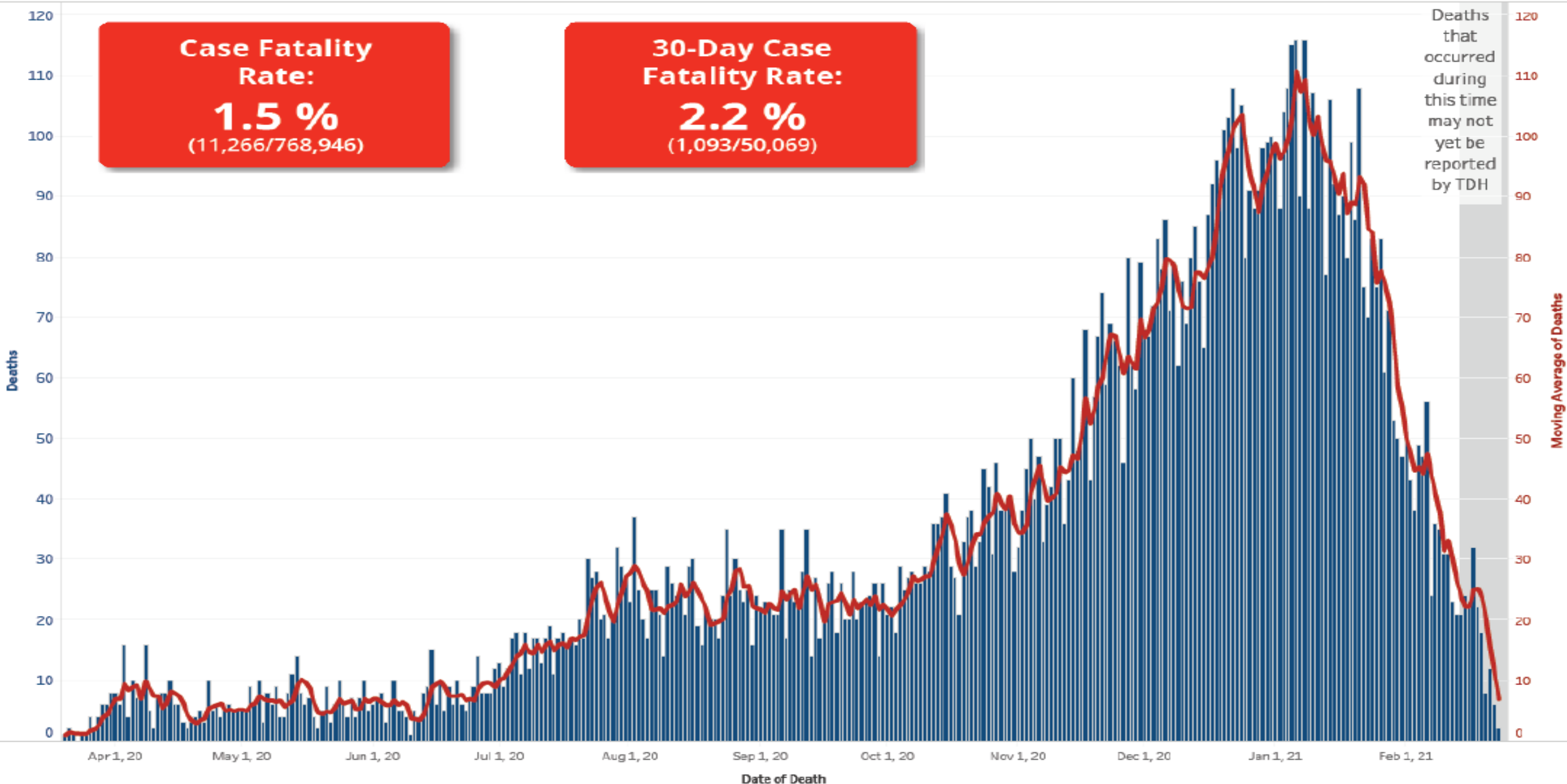
30-Day Case
Fatality Rate:

2.2 %

(1,093/50,069)

Deaths that
occurred
during
this time
may not
yet be
reported
by TDH

Moving Average of Deaths



Healthcare Resources

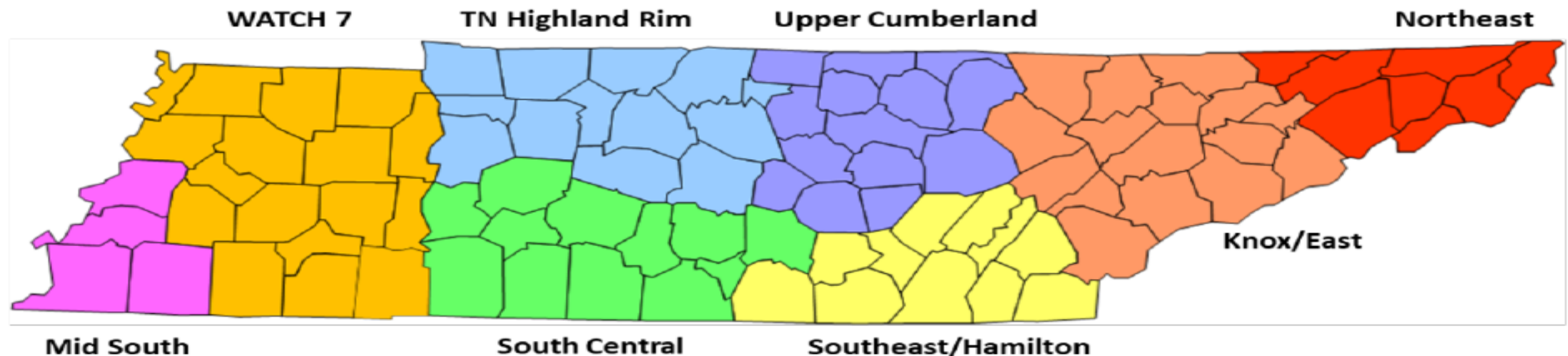
- **Healthcare Resource Tracking System**
 - Established in 2006
- **Acute care hospitals report daily:**
 - Number of beds (floor / ICU / AIIR)
 - Number of ventilators
 - Amount of PPE
 - Number of COVID-19 patients (floor, ICU, ventilated, pending)

HOSPITALS

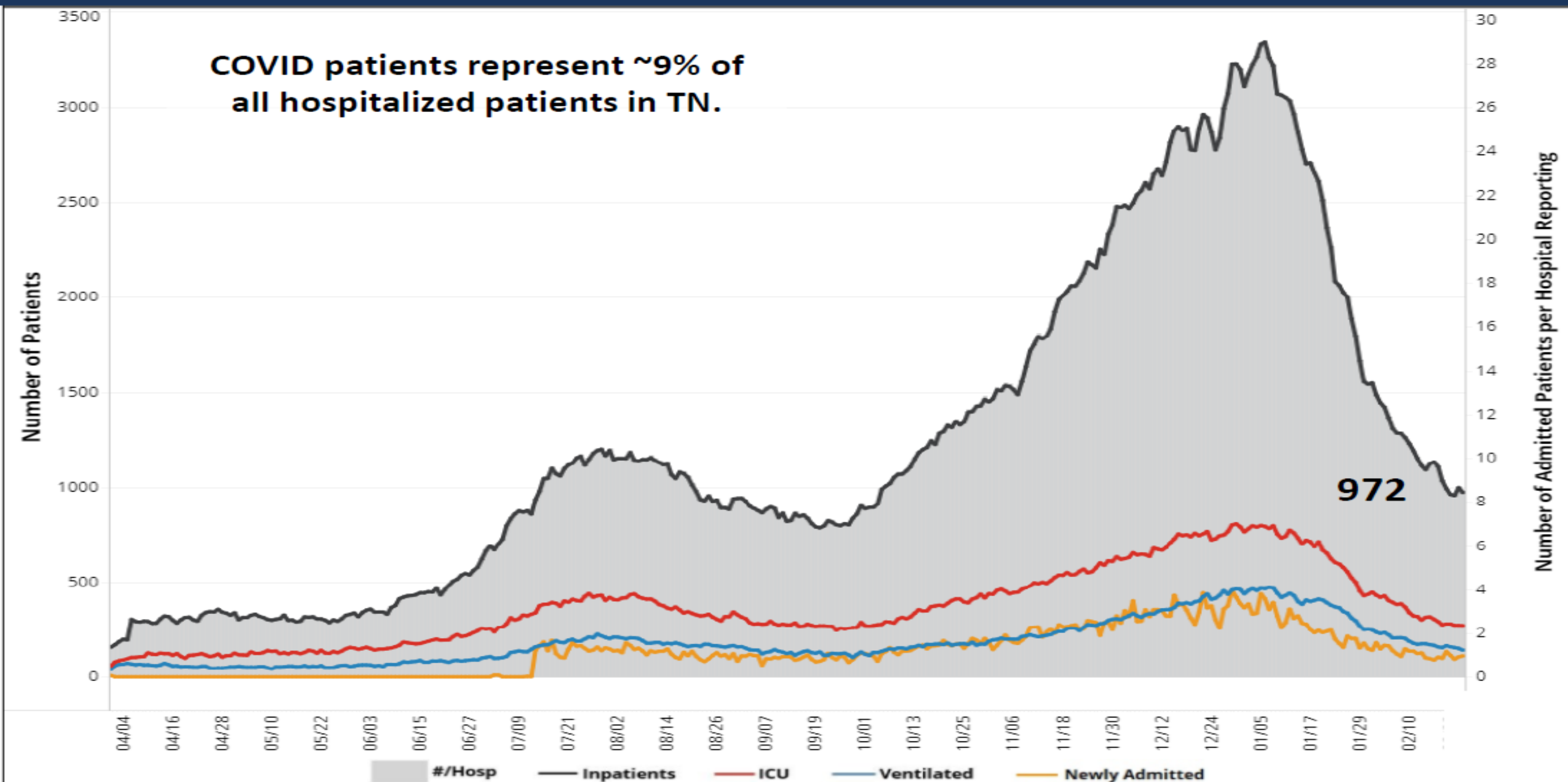
Treat all patients without crisis care

AND

Robust testing program in place for at-risk healthcare workers, including emerging antibody testing



Current COVID Hospitalizations



LTCF Vaccine Administration Progress

Pharmacy Partner	Facilities	1 st Clinics (%)	2 nd Clinics (%)	Total Vaccines Administered [‡]
Phase A (Skilled Nursing Facilities/Nursing Homes)				
CVS	92	100%	100%	17,627
Walgreens	186	100%	100%	38,954
<i>Total</i>	<i>278</i>	<i>100%</i>	<i>100%</i>	<i>56,581</i>
Phase B (Assisted Living/Residential Homes for the Aged/Other)				
CVS	323	100%	76%	19,092
Walgreens	219	100%	77%	21,891
<i>Total</i>	<i>542</i>	<i>100%</i>	<i>76%</i>	<i>40,983</i>
Independent Pharmacies[†]				
<i>Total</i>	<i>141</i>	<i>---</i>	<i>---</i>	<i>17,184</i>

[†] Data last updated 2/24/21

[‡] Value includes 1st and 2nd doses

114,748



COVID-19 Vaccines

2

Two vaccines currently have an emergency use authorization from FDA

- Pfizer and Moderna
- 1 EUA to be reviewed this week (J&J)

4

Four more vaccines will likely have emergency use authorization from FDA in 2021.

5

Five of these six vaccines require two doses

- Both doses must be from the same manufacturer



COVID Vaccines Are Effective

COVID vaccines are 100% effective at preventing COVID hospitalization and COVID death

Vaccine trial	Approximate # of people who received the vaccine	Of people vaccinated in the trial		
		# hospitalized for COVID	# who died from COVID	# who died from the vaccine
Moderna	15,000	0	0	0
Pfizer	18,600	0	0	0
Novavax*	13,000	0	0	0
Astra-Zeneca	5,800	0	0	0
J&J*	22,000	0	0	0

Vaccine Allocation Phases

■ Age-Based

75+

Dec. 2020

70+

Jan./Feb. 2021

65+

Feb. 2021

55+

TBD

45+

35+

25+

16+

■ Risk-Based

1a1

Dec. 2020

Inpatient & Other High Exposure Healthcare Workers, Residents & Staff of Long Term Care Facilities (LTCF), First Responders, and Adults Who Cannot Live Independently

1a2

Jan. 2021

Outpatient Healthcare Workers With Direct Patient Exposure Including Mortuary Services

1b

Feb. 2021

K-12 and Child Care Staff, and First Responder Operations Personnel

1c

Mar./Apr. 2021

16+ With High-Risk Comorbidities and Caregivers of Children With High-Risk Comorbidities

2a

Q2/Q3

Critical Infrastructure: Social Services, Commercial Agriculture, Commercial Food Production, Corrections Staff, and Public transit

2b

Q2/Q3

Critical Infrastructure: Transportation, Public Infrastructure, Telecommunications, and Utilities/Energy

3

Q3/Q4

Congregate Living Facilities Including Corrections and Grocery Workers

Refer to age-based criteria for all other industries and general population.

Estimated timeline and phases are preliminary and subject to change.

TN Vaccination Rollout

- **1,521,915 doses delivered**
- **1,200,616 (79%) administered as of 2/24/21**
- **11.19% of people statewide have received at least one dose**

Number of People with
1 Dose Only vs **2 Doses**

375,959

410,997

Total Doses Delivered

Site Type	Manufacturer	Doses Delivered	1st Doses Allocated	Total Doses Allocated
Public Health	Moderna	476,800		
	Pfizer	448,305		
Other Providers	Moderna	187,700		
	Pfizer	409,110		
LTCF Pharmacy Partnership	Moderna		96,200	192,400
Total		1,521,915	96,200	192,400

TN Vaccination Rollout

Vaccine allocations to:

- Local health departments
- Hospitals
- Community Health Centers
- Federally Qualified Health Centers
- Independent pharmacies
- Chain pharmacies
- Large private medical groups
- Smaller medical groups



Questions?



TN

<https://www.protectsmeprotectsyou.org/>



Transitions of Care Subcommittee


Transitions of Care Subcommittee


- Discussion Items
 - “What is Home Care?”
 - Monoclonal Antibody Treatment
 - Florida Atlantic University Decision Guide implementation through the University of Indianapolis


Care Transitions Subcommittee


- One-page document, “What is Home Care?”
 - Includes key information about home care for COVID+ patients
- Rolling out to hospital case managers and directors, discharge planners, social workers.
- Developing plan for roll-out to skilled facility case managers.

WHAT IS HOME CARE?

**Home Health**

**Hospice**

**Personal Support Services**

**Private Duty Nursing**

Home Care for COVID-19 Patients

Although only 1 in 10 patients hospitalized with COVID-19 are discharged home with home health services,¹ most COVID-19 patients receiving home care services following discharge achieve statistically significant improvements in symptoms and function and 94% of these patients were discharged from home health within about a month.²

Patients experiencing COVID-related pain, shortness of breath, urinary incontinence, cognitive impairment, confusion, anxiety, and issues related to functional dependencies may be good candidates for home care services.

Patients requiring skilled nursing services, physical therapy, occupational therapy, telemonitoring, and assistance bathing, ambulating, and other activities of daily living may be properly cared for in the home following hospital discharge.

HOME HEALTH	PATIENT CHARACTERISTICS <p>Acutely ill with new or exacerbation of diagnosis:</p> <ul style="list-style-type: none">• Infusion,• Wound care,• Diabetes (with or without complications),• Skilled teaching: medication, disease process, procedure• Post-Operative Care• Skilled Restorative Therapy	QUALIFYING REQUIREMENTS <p>Medicare covers intermittent skilled nursing or therapy services ordered by the physician's plan of care (POC). Patient must be determined to be homebound.</p> <p>TennCare and most commercial payers will require an order from the patient's treating provider for intermittent skilled nursing or skilled therapy.</p>
PRIVATE DUTY NURSING	PATIENT CHARACTERISTICS <p>Persons who require eight (8) or more hours of continuous skilled nursing care during a 24-hour period. Skilled nursing care provided by an RN or LPN under the direction of the person's physician. For adults 21+, private duty nursing is only available when medically necessary to support the use of ventilator equipment or other life-sustaining technology.</p>	QUALIFYING REQUIREMENTS <p>Must meet 2 of the following criteria:</p> <ul style="list-style-type: none">• Must be ventilator-dependent,• Must have had a tracheostomy; and/or• Must require PEG tube feeding.
PERSONAL SUPPORT SERVICE AGENCIES (PSSA)	PATIENT CHARACTERISTICS <p>Persons that, due to a chronic condition, have substantial limitations in two or more major life activities. Services may be provided in the regular or temporary residence.</p> <p>PSSAs may also serve individuals who simply desire additional assistance in their homes through the private pay model.</p>	QUALIFYING REQUIREMENTS <p>Licensed PSSAs may provide personal care services to CHOICES recipients. In order to qualify for CHOICES you must be a senior (65+) or adult (21+) who:</p> <ul style="list-style-type: none">• Qualifies for nursing home care, but prefers to receive care at home;• Does not qualify for nursing home care, but requires services in order to delay the need.

¹ Lavery AM, Preston LE, Ko JY, et al. Characteristics of Hospitalized COVID-19 Patients Discharged and Experiencing Same-Hospital Readmission — United States, March–August 2020. MMWR Morb Mortal Wkly Rep 2020;69:1695–1699. DOI: <http://dx.doi.org/10.15585/mmwr.mm6945e2>external icon

² Bowles, Kathryn H; McDonald, Margaret, et al., Surviving COVID-19 After Hospital Discharge: Symptom, Functional, and Adverse Outcomes of Home Health Recipients, November 24, 2020. Annals of Internal Medicine: <https://www.acpjournals.org/doi/10.7326/M20-5206>

Care Transitions Subcommittee

- Monoclonal Antibody Treatment
 - For high-risk, non-hospitalized individuals with mild to moderate COVID
 - Discussed with hospital Chief Medical Officers
 - Communicated to long-term care facilities through:
 - Weekly LTC calls with TN Dept of Health
 - Long-Term Care Task Force website and Listserv



18,000 Doses Allocated to TN



12,300 Doses Infused

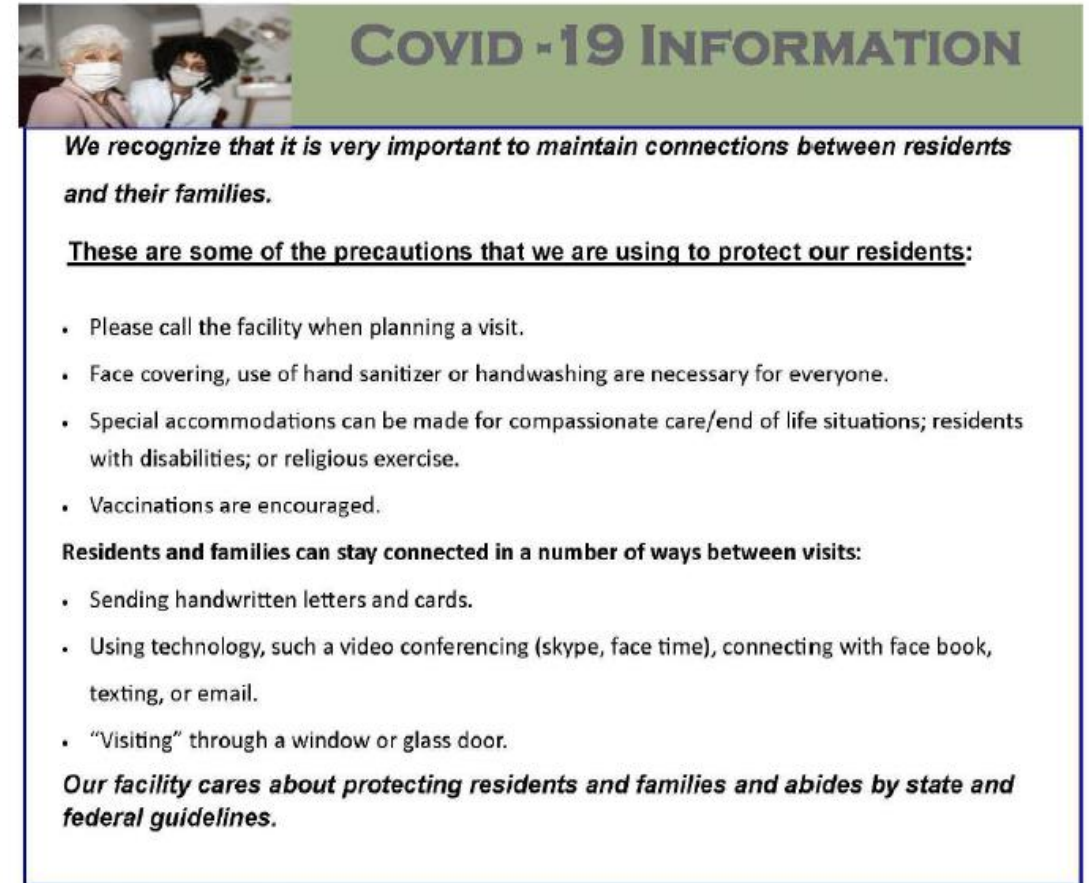
Collaborative Project to Reduce Hospital Readmissions

- **Collaboration**

- Southeast Collaborative Meeting
 - Dr. Ruth Tappen Presented

- **Resources**

- Next Step Card
- COVID-19 one-pager
- TN Specific dropdown on website
- Copies of the guide and/or other materials will be provided to facilities



COVID-19 INFORMATION

We recognize that it is very important to maintain connections between residents and their families.

These are some of the precautions that we are using to protect our residents:

- Please call the facility when planning a visit.
- Face covering, use of hand sanitizer or handwashing are necessary for everyone.
- Special accommodations can be made for compassionate care/end of life situations; residents with disabilities; or religious exercise.
- Vaccinations are encouraged.

Residents and families can stay connected in a number of ways between visits:

- Sending handwritten letters and cards.
- Using technology, such as video conferencing (skype, face time), connecting with facebook, texting, or email.
- "Visiting" through a window or glass door.

Our facility cares about protecting residents and families and abides by state and federal guidelines.

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Visitation Subcommittee

Virtual Visitation Survey

- Overview

- 78 respondents
- 72% of participants were in rural area
- Average of 10 residents participate in virtual visitation per day
- iPads and cellphones were most popular types of devices used.
- Capacity in which devices are being utilized
 - Virtual Visitation
 - Telehealth
 - Quality Care Planning Meeting

Daytime

- Most popular time for virtual visitation

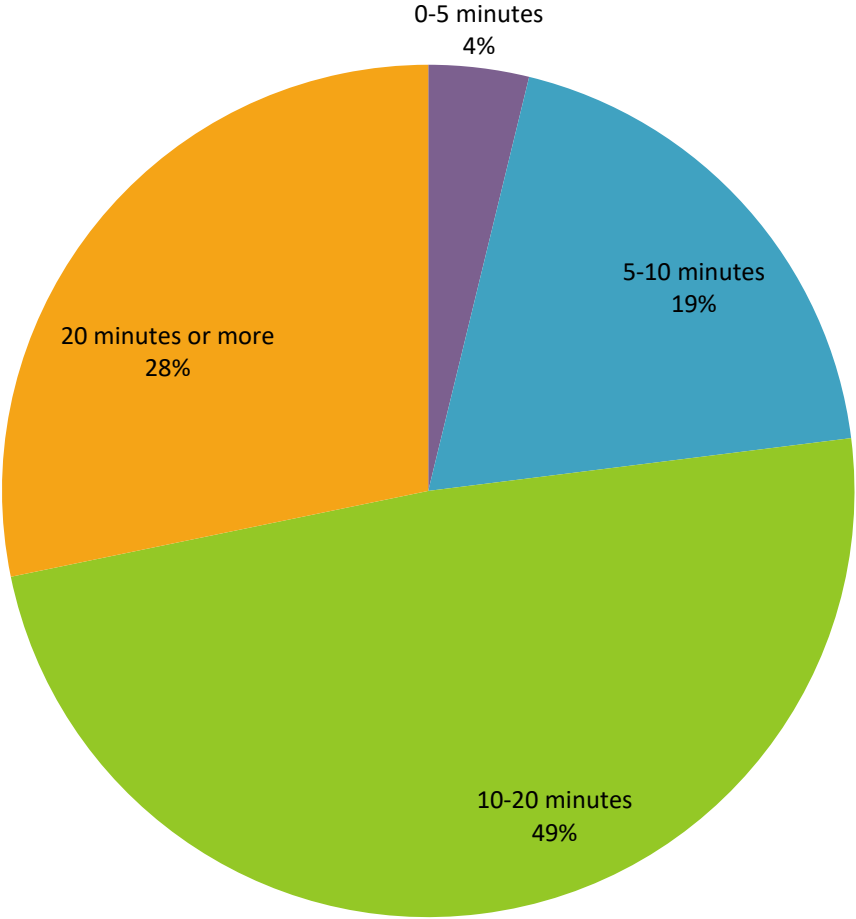
Weekends

- 2nd most popular time for virtual visitation

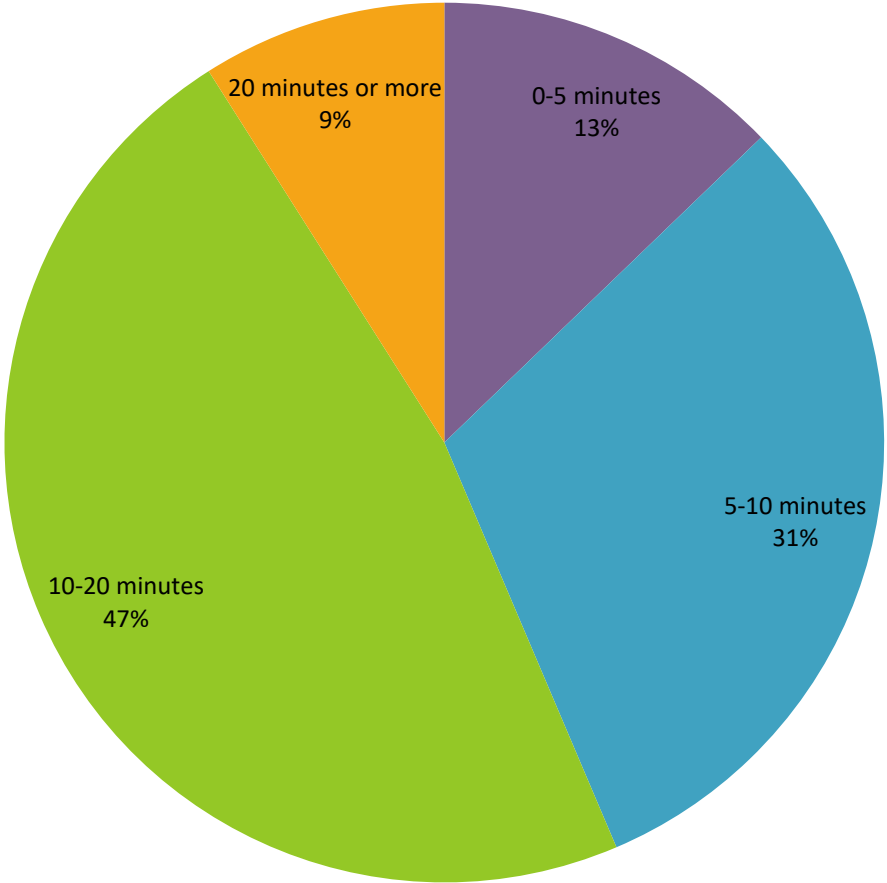
Evenings

- 3rd most popular time for virtual visitation

Virtual Visitation Survey



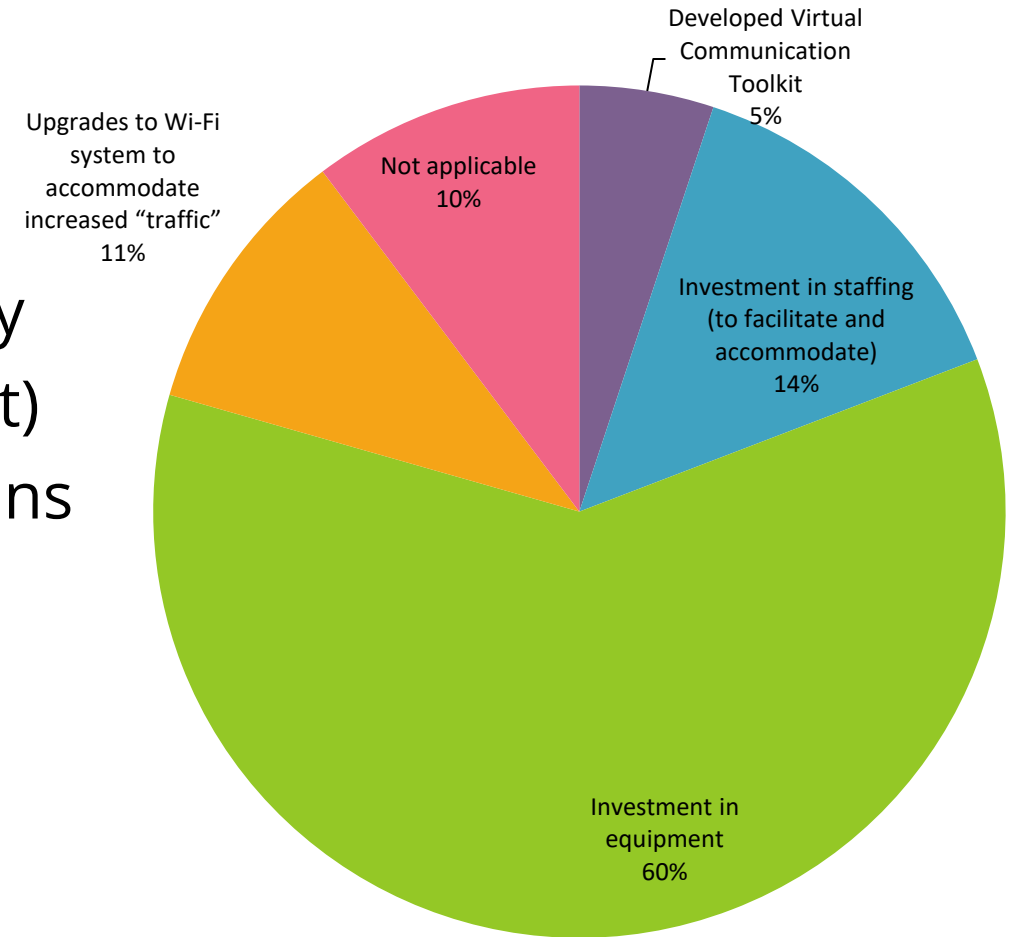
Per virtual visit, social



Per virtual visit, Telehealth

Virtual Visitation Survey

- Existing Barriers
 - Limited Staff time
 - Lack of family participation
 - Coordination of visitation times
- Best practices found for utilizing technology as part of your visitation strategy (see chart)
- Support needed to facilitate virtual visitations



Visitation Subcommittee

- Virtual Visitation
 - Surveyed several NF around the state and other states
 - Provide written “Best Practices” for facilities to use
- Volunteer Program
 - Reviewed Michigan proposal for a Volunteer program
 - Goal: Support virtual visitation in facilities
- In-person Visitation
 - Best practices which have been collected from different facilities statewide on safe and effective in-person visitation
 - Inform the public of CMS guidance

Visitation Subcommittee

- Impact
 - Facilities
 - Provide State level guidance on some best practices to enhance their Virtual Visitation Plans
 - Advocacy for better virtual interactions in their facilities both now and after the pandemic has improved
 - Residents
 - Help resident to better understand virtual visitation and self advocacy
 - Families/Caregivers
 - Provide State level resources and guidance on Virtual visitation
 - Easy understanding of current and/or future CMS guidelines



Staffing Subcommittee

Staffing and Care Delivery Subcommittee

- Reviewed “*Estimating the Cost of Minimum Staffing in Tennessee Nursing Homes*” published by The Center for Health Policy Evaluation in Long-Term Care.
- Reviewed data related to vaccination of residents and staff.
- Began reviewing potential workforce professional development programs for staff.
- Participated in a presentation regarding strategies for workforce retention.



Mental Health Subcommittee

Mental Health Subcommittee

- Working to identify sources for emotional/mental health supports across the State and sort them by target population
 - Will work with larger LTC Workgroup and Communications subcommittee to tailor messaging specifically to the long-term care and elderly adult population as well as healthcare workers
 - Can leverage Dr. Monty Burks at TDMHSAS to get communications out to his contact network of faith-based organizations to reach older adults not in long term care facilities
- Presented at the January 21 taskforce meeting - a prototype one-pager developed by Centerstone; can be used as a leave-behind at vaccine administration events; contact information for crisis counseling can be updated with county-specific contact phone numbers (Communicated via Long-Term Care Task Force website and Listserv)

Mental Health Subcommittee

General information and resources for mental health and emotional support for all populations: The resources listed below were shared at the January 21 taskforce meeting with a request for feedback.

- COVID-19 Hotline: 877-857-2945, available from 10 a.m. to 10 p.m. CST daily.
- FEMA Crisis Counseling for COVID-19 response is available through 11 community providers that cover all 95 counties in Tennessee (single sheets with county specific contact information have been identified. Communicated via Long-Term Care Task Force website and Listserv.
 - Services are available electronically so that individuals can receive support remotely
 - Since this is managed at the local level, there's not a single point of contact, but each county is covered by a provider – should county-specific information on this program be distributed to long term care facilities statewide? This contact info is what can be included in the last section of the one-pager prototype developed by Centerstone.

Mental Health Subcommittee

Some resources for mental health and emotional support specific to older adults:

- The TN Hope Line, 844-600-8262, is a free phone call that is answered Monday-Friday from 9am-3pm (CT) by trained volunteers who offer encouragement and hope for lonely senior adults ages 60+.
- Care Through Conversation through TCAD - online signup link:
<https://www.tn.gov/aging/our-programs/care-through-conversation.html>



Care Through Conversation: TCAD Telephone Reassurance Program Registration Form

We recognize that older adults and caregivers are facing many hardships due to COVID-19. We want to show you care through conversation and make sure your needs are met during this very difficult time. Each week, we can have a volunteer call and check on you or a loved one. During these calls, we will check-in, assess your needs, and see if there is any way we can better assist you. At minimum, our volunteers will conduct one call a week, but you can request more if you need it. If you would like to be added to our telephone reassurance registry, please submit the registration information below.

Mental Health Subcommittee

Some resources for emotional and other support specific to healthcare workers:

EMOTIONAL SUPPORT LINE (888) 642-7886

(1-888-MHART-TN)

Hours Available:

6:00 a.m. - 10:00 p.m. (CDT), 7:00 a.m. - 11:00 p.m. (EDT)

The Tennessee COVID-19 Emotional Support Line is a free service for healthcare workers, first responders, and educators battling coronavirus on the front lines and providing essential services.

2021 Pandemic/Essential Employee Child Care Payment Assistance through DHS: designed to help support essential workers so they can stay on the job during the COVID-19 emergency. Through payment assistance and a network of temporary care locations, parents who work in specific occupations can have support accessing childcare until March 31, 2021. This Child Care Payment Assistance Program makes payments directly to the childcare provider. More information available at <https://www.tn.gov/humanservices/covid-19/child-care-services-and-covid-19.html>



Wrap-up and Next Steps

Contact Us

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